**Community of Practice (CoP) In-Person Meeting**

**CCDBG Implementation Research and Evaluation Planning Grantees**

**Meeting Evaluation Form**

Tuesday, February 6, 2018 - Hilton Crystal City

Thank you for attending today’s meeting! Please take a few minutes to provide feedback.   
Your responses will be used to shape future CoP meetings and will be kept private.

1. **Please circle a number to indicate whether you agree or disagree with each statement.**

1=Strongly Disagree 2=Disagree 3=Neither Agree Nor Disagree 4=Agree 5=Strongly Agree

|  |  |  |
| --- | --- | --- |
| **Grantee Project Updates and Peer Support (10:00-11:45)** | | **Strongly ------------ Strongly  Disagree Agree** |
| 1. I was interested in the session content. | | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | | **1 2 3 4 5** |
| **Guest Speaker - South Carolina’s Child Care Access Index (11:45-12:30)** | | |
| 1. I was interested in the session content. | | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | | **1 2 3 4 5** |
| **Small Group Discussions (1:30-2:15)** | | |
| 1. I was interested in the session content. | | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | | **1 2 3 4 5** |
| 1. Which small group discussion did you join? |  | |
| **Afternoon Guest Speaker and Workshop (2:30-3:45)** | | |
| 1. I was interested in the session content. | | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | | **1 2 3 4 5** |
| **Overall Meeting** | | |
| 1. As a whole, the meeting was a good use of my time. | | **1 2 3 4 5** |
| 1. I was comfortable asking questions & contributing to discussion. | | **1 2 3 4 5** |
| 1. I will be able to apply what I learned in this meeting to my work. | | **1 2 3 4 5** |

**13. If you disagreed (2) or strongly disagreed (1) with any statements, please explain further.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Presentations led by grantees | **More time** | **About the same** | **Less time** |
| 1. Presentations led by guest speakers | **More time** | **About the same** | **Less time** |
| 1. Whole group discussion | **More time** | **About the same** | **Less time** |
| 1. Small group activities | **More time** | **About the same** | **Less time** |
| 1. Informal networking and discussion | **More time** | **About the same** | **Less time** |

1. **Please circle a response to indicate if you would have preferred to spend more time, about the same amount of time, or less time on each of the following.**

**19. What aspects of the meeting did you find most useful?**

**20. What aspects did you find least useful?**

**21. Do you have any additional comments for the meeting organizers?**

**22. Please indicate your role.**

**Thank you for your time!**

* Grantee CCDF lead agency staff
* Grantee external research partner